

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91541 001 \*\*\*\*61.25

**DOCUMENT # 743593**

1. Entity Name

**BIMINI VIEW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% GEORGE S. STOUT  
 434 TUDOR DRIVE #21  
 CAPE CORAL FL 33904

% GEORGE S. STOUT  
 434 TUDOR DRIVE #21  
 CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2034471**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COTTRELL, JAMES L.**  
 4635 SOUTH DEL PRADO BLVD.  
 CAPE CORAL FL 33904

Name

**Stout, George S.**

Street Address (P.O. Box Number is Not Acceptable)

**434 Tudor Dr, Apt 21**

City

**Cape Coral**

FL

Zip Code

**33904**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/15/02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCULLY, HANNAH	
STREET ADDRESS	434 TUDOR DRIVE APT 1G	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOMINICK, BEVERLY	
STREET ADDRESS	444 TUDOR DR, APT 2A	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EWALD, THOMAS	
STREET ADDRESS	434 TUDOR DRIVE APT 7H	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STOUT, GEORGE	
STREET ADDRESS	434 TUDOR DR, APT 21	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	<del>XXXXXXXXXX</del>	<input type="checkbox"/> Delete
NAME	<del>XXXXXXXXXX</del>	
STREET ADDRESS	<del>XXXXXXXXXX</del>	
CITY-ST-ZIP	<del>XXXXXXXXXX</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald D'Amato	
STREET ADDRESS	444 Tudor Dr, Apt 2C	
CITY-ST-ZIP	Cape Coral, FL, 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/02**

Date

**941-542-8856**

Daytime Phone #